



Annual Report of Operations for Year 2016

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

130008

FEB 13 2017

U.S. EPA REGION 10
Office of Compliance and Enforcement

Facility & Owner Information

Facility Name:

Winthrop National Fish Hatchery

Operator Name (Permittee):

United States Fish and Wildlife Service

Address:

Winthrop National Fish Hatchery
POB 429
Winthrop, WA. 98862

Email:

bob_gerwig@fws.gov

Phone:

509-996-2424

Owner Name (if different from operator):

N/A

Email:

N/A

Phone:

N/A

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ NoDoes the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

No changes since last annual report.



EPA General Permit WAG130000 - Annual Report

Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): <u>61,298</u>
Pounds of food fed to fish during the maximum month: <u>10,096 lbs in March 2016</u>

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
Spring Chinook Salmon	22,936	Methow River	April/August
Coho Salmon	14,017	Methow River	April/November
Summer Steelhead	24,345	Methow River	May/April

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	46,274	3,123	July	17,172	5,720
February	49,196	3,725	August	25,334	7,234
March	58,006	10,096	September	32,950	6,797
April	42,276	4,500	October	38,113	4,442
May	44,455	1,977	November	42,831	4,031
June	10,669	3,379	December	44,271	12,822

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Fish Carcasses	Daily	Buried in station "mort pit"
Fish Feed	April April 2016	Buried on-station grounds
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
N/A	N/A	N/A	N/A
—	—	—	—
—	—	—	—
—	—	—	—
Additional Comments:			

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

N/A

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <u>Parasite - S</u>		Generic Name: <u>Formalin (37% Formaldehyde)</u>	
Reason for use: <u>Inhibit fungal growth on adult broodstock</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <u>3.5 U.S. gallons</u>	Total quantity of formulated product used in past year (specify units): <u>306 U.S. Gallons</u>	
Date(s) of treatment: <u>- 03/16 → 11/16 - Used every other day while holding adult broodstock.</u>			Total number of treatments in past year: <u>85</u>
Maximum daily volume of treated water:	Treatment concentration (specify units): <u>193 ppm</u>	Duration and frequency of treatment(s): <u>1 hour / every other day</u>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input checked="" type="checkbox"/> Other (describe): <u>Adult Holding Facility</u>	
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>Used to prevent fungal infections in adult broodstock.</u>			

Brand Name: <u>Ovadine</u>		Generic Name: <u>Buffered PVP Iodine</u>	
Reason for use: <u>Disinfect fish eggs.</u>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <u>1125 ml</u>	Total quantity of formulated product used in past year (specify units): <u>7.13 U.S. gallons</u>	
Date(s) of treatment: <u>04/13, 20, 27, 05/04, 11, 18</u> <u>8/15, 22, 29, 09/06, 10/17, 24, 31, 11/07, 14</u>			Total number of treatments in past year: <u>15</u>
Maximum daily volume of treated water: <u>30 gallons</u>	Treatment concentration (specify units): <u>75 ppm</u>	Duration and frequency of treatment(s): <u>15 minutes per treatment</u> <u>1 treatment per spawn event.</u>	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments	
Tank Volume	113 Liters
Desired Static Bath Treatment Concentration	75 µg/L
Volume of Product Needed	1.125 Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 24 ppm Active Ingredient: 0.02 ppm Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	13,536,000 gallons per day Specify Units
Maximum % of Facility Discharge Treated	0.0002 % % of Total Discharge

Flow-Through Treatments	
Tank Volume	229,366 Liters
Calculated Flow Rate	1146.98 Liters/Minute
Duration of Treatment	60 Minutes
Desired Flow-Through Treatment Concentration of Product	193 µg/L
Amount of Product to Add Initially	0.00378 Liters Product
Amount of Product to Add During Treatment	227 mL/Minute
Total Volume of Product Needed	13.63 Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 6 ppm Active Ingredient: 2 ppm Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	13,536,000 gallons per day Specify Units
Maximum % of Facility Discharge Treated	0.134 % % of Total Discharge

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report. *- No changes.*

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<i>Robert M. Gerwig Jr.</i>	<i>Assistant Manager</i>
Printed name of person signing	Title
<i>[Signature]</i>	<i>02/09/2017</i>
Applicant Signature	Date Signed

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

JAN 19 2016

RECEIVED

ANNUAL REPORT OF OPERATIONS FOR YEAR 2015

Washington Hatchery Permit

U.S. EPA REGION 10
Office of Compliance and Enforcement

I. Facility Name: Winthrop National Fish Hatchery	NPDES # 130008
Operator Name (Permittee): U.S. Fish and Wildlife Service	Phone: 509-996-2424
Address: 453-A Twin Lakes Road Winthrop, WA. 98862	Fax: 509-996-3207
Owner Name (if different from operator):	E-Mail: bob.gerwig@fws.gov
	Phone:

II. Annual Production:	Harvestable weight produced in the year 46,968 pounds
III. Food used:	Number of pounds of food fed to the fish during the maximum month: March 2015 10,202 pounds

IV. Noncompliance Summary:

Include description & dates of noncompliance (including spills), the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary.

N/A.

V. Best Management Practices (BMP) Plan

BMP Plan has been reviewed this year? ☒ Yes ☐ No

BMP Plan fulfills the requirements set forth in the permit: ☒ Yes ☐ No

Summarize changes in the BMP Plan since last annual report Attach additional pages, if necessary.

VI. Solid Waste Disposal

Type of Solid Waste	Method of Disposal	When	Where
Fish Feed	Buried	April / May	Station "Mort" Pit
Daily Fish Mortalities	Buried	Daily	Station "Mort" Pit
Chinook Carcasses	Buried	August / Sept.	Station "Mort" Pit

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Office of Compliance and Enforcement

VII. Fish Mortalities

Include description & dates of mass mortalities (more than 5%/week), the reasons for each incident, and the steps taken to correct the problem. Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of deaths	Pounds of fish
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

VIII. Chemical Usage (including drugs and pesticides)

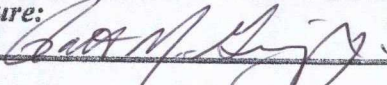
Date	Chemicals used, number of days used, and maximum concentration in effluent.	Yearly Total
1/1/15-12/31/15	Formalin, 117 days, 6.13 ppm	417.70 US gallons
1/1/15-12/31/15	Iodophore, 18 days, 0.56 ppm	4.8 US gallons
8/7/15-8/23/15	Terramycin 200, 17 days, Effluent = N/A	3.88 pounds

IX. Inspections and Repairs for production and wastewater treatment systems

Date Inspected	Date Repaired	Description of system inspected and/or repaired
N/A	N/A	N/A

X. Signature & Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature: 	Title/Company: Assistant Manager / USFWS
Robert M. Gerwig Jr.	Date: 1/15/2016

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ANNUAL REPORT OF OPERATIONS FOR YEAR 2014

Washington Hatchery Permit

I. Facility Name: Winthrop National Fish Hatchery		NPDES # 13-0008	
Operator Name (Permittee): U.S. Fish & Wildlife Service		Phone: 509-996-2424	
Address: 453-A Twin Lakes Road Winthrop, WA. 98862		Fax: 509-996-3207	
Owner Name (if different from operator): N/A		E-Mail: bob.gerwig@fws.gov	
		Phone: N/A	
II. Annual Production:	Harvestable weight produced in the year 70,272 pounds		
III. Food used:	Number of pounds of food fed to the fish during the maximum month: March 2014 11,303 pounds		
IV. Noncompliance Summary: Include description & dates of noncompliance (including spills), the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary. N/A			
V. Best Management Practices (BMP) Plan			
BMP Plan has been reviewed this year? <input checked="" type="radio"/> Yes <input type="radio"/> No			
BMP Plan fulfills the requirements set forth in the permit: <input checked="" type="radio"/> Yes <input type="radio"/> No			
Summarize changes in the BMP Plan since last annual report Attach additional pages, if necessary. No Changes			
VI. Solid Waste Disposal			
Type of Solid Waste	Method of Disposal	When	Where
Fish Feed	Buried	April	Station "Mort Pit"
Daily Fish Mortalities	Buried	Daily	Station "Mort Pit"
Spawed Carcasses	Buried	August / Sept.	Station "Mort Pit"

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VII. Fish Mortalities

Include description & dates of mass mortalities (more than 5%/week), the reasons for each incident, and the steps taken to correct the problem. Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of deaths	Pounds of fish
—	None	—
—	None	—
—	None	—

VIII. Chemical Usage (including drugs and pesticides)

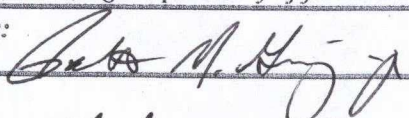
Date	Chemicals used, number of days used, and maximum concentration in effluent.	Yearly Total
6/19-10/31	Formalin, 51 days, 6.05 ppm	182.0 gallons
08/14-10/14	Iodophore, 8 days, .015 ppm	3.8 gallons
07/01-07/15	Florfenicol, 14 days, 0.001 lb per pound of feed, N/A-effluent	0.008 pounds

IX. Inspections and Repairs for production and wastewater treatment systems

Date Inspected	Date Repaired	Description of system inspected and/or repaired
N/A	N/A	None

X. Signature & Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature: 	Title/Company: U.S. Fish & Wildlife Service
Robert M. Gerwig Jr.	Date: 01/05/2015

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ANNUAL REPORT OF OPERATIONS FOR YEAR 2014

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BMP Plan has been reviewed this year? <input checked="" type="radio"/> Yes <input type="radio"/> No			
BMP Plan fulfills the requirements set forth in the permit: <input checked="" type="radio"/> Yes <input type="radio"/> No			
Summarize changes in the BMP Plan since last annual report Attach additional pages, if necessary. No Changes			
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